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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT:	GEORGE B. HANNA et al	)	
		)	
SERIAL NO.:	10/600,193	)	ART UNIT:
		)	2643
FILED:	JUNE 19, 2003	)	
		)	EXAMINER:
FOR:	METHOD AND APPARATUS FOR	)	Barnie
	MAKING A LONG DISTANCE	)	
	TELEPHONE CALL	)	

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Number (703) 872-9306 on January 28, 2005

Sheila Smedick

signature

name

1-28-05

date

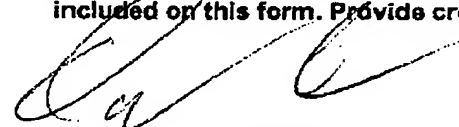
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO OFFICE ACTION**

Applicants respectfully request consideration of the following amendments and remarks contained herein in response to the Office Action mailed October 29, 2004. Applicants respectfully submit that the amendments and remarks contained herein place the instant application in condition for allowance.

030102  
BLL-0091

JAN 28 2005

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b> 030102 (BLL-0091)	
Applicant(s): <b>GEORGE B. HANNA ET AL</b>					
<b>Application No.</b> 10/600,193	<b>Filing Date</b> June 19, 2003	<b>Examiner</b> Barnie	<b>Customer No.</b> 36192	<b>Group Art Unit</b> 2643	<b>Confirmation No.</b> 8787
Invention: <b>METHOD AND APPARATUS FOR MAKING A LONG DISTANCE TELEPHONE CALL</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
<b>TOTAL CLAIMS</b>	12 -	20 =	0	x \$50.00	\$0.00
<b>INDEP. CLAIMS</b>	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>06-1130</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ Signature			Dated: <b>January 28, 2005</b>		
<b>David A. Fox</b> Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align:center;">(Date)</p><p style="text-align:center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align:center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc:					

P11LARGE/REV09